

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

'57 021527
State File No.

FILED JUN 19 1957

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>287</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>Galena</u> <u>81508</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1002 East 6th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6/15/57</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>July 21, 1903</u>	
9. AGE (In years last birthday) <u>53 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Music Machine Op.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Music</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Liberal, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Spurling</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Brewer</u>		14. NAME OF HUSBAND OR WIFE (DIVORCED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>514-24-4783</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Anderson, Jr.</u>		ADDRESS <u>Corpus Christi Texas</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca Breast & Metastases to Brain</u> ANTECEDENT CAUSES <u>1st Skull & Secondary Intracranial Hemorrhage</u> DUE TO (b) <u>Hemorrhage</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>6-8</u> , 19 <u>57</u> , to <u>6-15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6-15</u> , 19 <u>57</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert J. Smith</u>		23b. ADDRESS <u>2125 Jackson St. Galena, Mo.</u>		23c. DATE SIGNED <u>6-16-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/16/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englevalle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crawford County Kansas</u>	
DATE REC'D BY LOCAL REG. <u>6-16-57</u>		REGISTRAR'S SIGNATURE <u>Dovie Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Kitch</u> ADDRESS <u>Galena, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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County File Number 57-6-512
Date Filed JUN 17 1957

JUN 22 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Steve Parker*

Licensed Embalmer No. 2064

P. O. Address *Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.